

CLAIMS ONLY

Application Number

" Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED 9/23/17		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep.	Depend	Indep.	Depend
1	1					
2						
3						
4						
5						
6						
7						
8						
9	1					
10						
11						
12						
13						
14	1					
15						
16						
17						
18						
19						
20						
21						
22	1					
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42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep.	4					
Total Depend.	82					
Total Claims	26					

May be used for additional claims or amendments

	Indep.	Depend	Indep.	Depend	Indep.	Depend
51						
52						
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97						
98						
99						
100						
Total Indep.						
Total Depend.						
Total Claims						